## ndiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-10-10</u>	Address:	<u>175 N @ 300 E</u>	
Case #:	<u>24F31376</u>		Warsaw, IN 46582	
County:	Kosciusko			
Type of La	boratory Seizure (check one)	Seizure Location (c	eizure Location (check all that apply)	
Chemica	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	<ul><li>☐ Hotel/Motel</li><li>☐ Open – No Structure</li><li>☐ Other:</li></ul>	
Items Found: Location (bedroom, kitchen, open air, etc)  (check all that apply)  Lithium/Ammonia Reaction(s):				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia: open air				
Hydrochloric Acid Gas Generator(s):				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
YesNo	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip —	
This report is to be faxed to the following agencies that serve the location:				
Fire Depart	ment: Warsaw City on site	Fax:		
Health Department: Kosciusko		Fax: <u>574-269-2023</u> Fax:		
Child Protection Service:				
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>B A Kaizer 5032</u> Phone <u>800-421-4912</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.